

PROMISSOR 

Idaho Real Estate Exam Fax Reservation Form

Last Name _____ First Name _____ M.I. _____

Street Address _____

City _____ State _____ ZIP _____

() ()

Telephone (Daytime) _____ Telephone (Evening) ☐ am

() ☐ pm

Your Fax # _____ Today's Date/Time _____

_____-_____-_____-_____/_____/_____-_____-_____-_____
Social Security # Date of Birth Licensure State

Candidate Signature _____

School Code: _____ ☐ Check here to be fingerprinted
after the exam, for an additional \$12.

Promissor Test Center _____
Code _____

Examination Name: _____

Choice #1 Date _____ ☐ AM ☐ PM

Choice #2 Date _____ ☐ AM ☐ PM

Choice #3 May we register you for
the next available date? ☐ Yes ☐ No

FAX THIS FORM TO (888) 204-6291

CREDIT CARD PAYMENTS:

☐ MasterCard ☐ Visa ☐ AmExpress ☐ Discover

Card #: _____

Expiration Date: _____ / _____ / _____

Signature: _____

ELECTRONIC CHECK PAYMENTS:

Bank Name: _____

MICR #: _____

Account #: _____

Name/Address on Account (*if different from above*):

FOR PROMISSOR USE ONLY

Reservation is confirmed for:

Examination Date _____ Time _____

Confirmation Number _____

Promissor Test Center _____